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# Information for Retirees and Survivor Annuitants

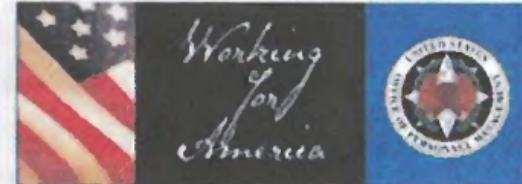
Federal Employees  
Health Benefits  
(FEHB)

3-13-12

DEPOSITORY ITEM

*This pamphlet contains information about the Federal Employees Health Benefits Program. Refer to it when you or your family have questions about this program.*

United States Office of Personnel Management



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Previous editions are not usable.

We provide retirement information and assistance on the Internet. You will find retirement brochures, forms, and other information at:

*[www.opm.gov/retire](http://www.opm.gov/retire)*

You will find health benefits plan brochures at:

*[www.opm.gov/insure/health](http://www.opm.gov/insure/health)*

You may also contact us for assistance using email at:

*[retire@opm.gov](mailto:retire@opm.gov)*

We will respond to your email address.

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## Contacting the U.S. Office of Personnel Management (OPM)

You can call us about your health benefits enrollment. Our toll-free telephone number is **1-888-767-6738**. This is an automated system that allows you to leave us a message any time. On regular business days you can speak to one of our Customer Service Specialists between the hours of **7:30 a.m.** and **7:45 p.m.** (Eastern time). Persons with hearing impairments who have TTY equipment should call **1-800-878-5707**. You may also contact us for assistance at [retire@opm.gov](mailto:retire@opm.gov).

We will make the following changes in your health benefits enrollment based on a telephone call:

- Change from family to self-only enrollment.
- Change plans when you have moved out of the service area of a health maintenance organization.
- Change from one plan or option to another because you are eligible for Medicare.
- Cancel or suspend your enrollment; we will send you the form you need to use to confirm this in writing.

If you prefer, you can write to us at:

U.S. Office of Personnel Management  
Retirement Operations Center  
P.O. Box 45  
Boyers, PA 16017-0045.

Anytime you contact us, be sure to give us your retirement claim number (CSA number) or survivor annuity number (CSF number). This number is on all correspondence from us. Also, give us your date of birth and be sure to sign and date your correspondence. If you are a survivor annuitant or if you are a widow(er) of a deceased employee paying premiums directly to us, provide the name of the former Federal employee on whose service your annuity is based, as well as your CSF number.

## **Health Benefits Coverage**

There are two types of enrollment in the Federal Employees Health Benefits (FEHB) Program:

1. ***Self Only*** - This enrollment provides benefits only for you.
2. ***Self and Family*** - This enrollment provides benefits for you and for all eligible family members.

### ***If You Are a Retiree***

A Self and Family enrollment covers you, your spouse, and your children under age 26 (see below for information on disabled children), including your legally adopted children and recognized natural children. Your foster children can also be included if you certify that they live with you in a regular parent-child relationship and meet all the requirements on the certification. If you need to include a foster child, contact OPM to obtain the certification form.

Other relatives, such as parents or a grandchild (unless the grandchild qualifies as a foster child), are not eligible for coverage as family members even if they live with and are dependent on you.

Your monthly premium for a Self and Family enrollment is the same amount regardless of the number of family members covered by the enrollment. If a family member loses eligibility for coverage, your premium is not reduced. However, if **you become the only person eligible for coverage, you should contact us.** We will change your enrollment to the less expensive Self Only coverage.

**Note:** A family member or friend must contact OPM immediately in the event of your death.

## ***Disabled Children Age 26 or Older***

A child incapable of self-support because of a disability which began before his/her 26th birthday and which is expected to last more than one year may continue to be covered as a family member after reaching age 26. If you have already established a child's eligibility for continued coverage with your former employing office and they have forwarded this documentation to us, you need take no further action unless we ask for another medical certificate.

If you have a child who is disabled but have not yet established that fact, contact us. We will send you a form which you and the child's doctor must complete.

## ***Foster Children***

A foster child for health benefits purposes is a child under age 26 who:

- is financially dependent on you, and
- lives with you in a regular parent-child relationship.

There must be an expectation you will continue to raise the child into adulthood. You must certify this as discussed on page 2. A grandchild who meets these criteria may be covered as a foster child. A child temporarily living with you is not a foster child; neither is one placed in your home by a welfare or social service agency which retains control of the child and pays for maintenance.

## ***New Family Members***

If you have a Self and Family enrollment, any new eligible family member — such as a new spouse, if you are a retired employee — is automatically covered by your health plan. Please notify your health insurance carrier about your new family member so they can update their records. Your carrier may ask for proof of your relationship (such as proof of marriage or birth) and for the new family member's name, date of birth, and Social Security Number. If you are enrolled for Self Only and acquire a new family member, you may change to a

Self and Family enrollment as shown on pages 14 and 15.

***If You Are a Widow(er) Survivor  
Annuitant or Are Receiving the FERS  
Basic Employee Death Benefit***

A Self and Family enrollment provides coverage for you and all eligible family members **of the deceased employee or retiree**, as described above.

If you remarry before age 55, your coverage will end. See page 22 for information about reenrollment. However, if your survivor annuity continues because you were married to the deceased for 30 years or more, your coverage will continue, but it will not cover your new spouse and his or her dependents.

If you remarry at or after age 55, your coverage will continue, but it will not cover your new spouse and his or her dependents.

If you also receive an annuity as a retiree based on your own Federal career, you may be eligible to transfer the enrollment to your retirement annuity to cover your new spouse and his or her eligible children. If you wish to do so, contact us. Be sure to provide your retirement and survivor annuity claim numbers. We will determine if you are eligible to transfer your enrollment after we receive your request.

***If You Are a Former Spouse Survivor  
Annuitant***

If you have health benefits coverage as a former spouse (*i.e.*, your marriage terminated before the employee's or retiree's death), a Self and Family enrollment covers you and any natural child or adopted child under age 26 from your marriage to the employee or retiree. A disabled child age 26 or older may also be covered. You cannot cover any foster child or grandchild. If you remarry, your new spouse and his or her children cannot be included in your enrollment. If you remarry before age 55, your enrollment will end, even though your survivor

annuity continues because you were married to the deceased for 30 years or more.

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## **Deferred Annuitants**

If you separated from Federal service before you could retire and are now receiving a deferred annuity that started when you were 62, you are not eligible to enroll in the Federal Employees Health Benefits Program. You may have coverage under the program as a family member based on your spouse's enrollment, but not based on your deferred annuity.

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## **Federal Employees Retirement System (FERS) Postponed Retirement**

If you are covered by FERS and eligible for an immediate retirement at separation from government service, you may postpone receiving your annuity to avoid the age reduction. You are eligible to reenroll for health benefits and life insurance coverage when you begin to receive your postponed annuity, if you were eligible to continue the coverage in retirement.

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## **When a Family Member Loses Eligibility for Coverage**

- You will not be informed by us or by your health insurance carrier when a family member loses eligibility for coverage.
- Your spouse loses eligibility for coverage under your Self and Family enrollment on the effective date of divorce or annulment of the marriage.

- A child loses eligibility for coverage upon the date of attainment of age 26.
- A disabled child age 26 or older loses eligibility for coverage upon recovery of ability for self support.

If your family member loses eligibility for coverage for any of the above reasons, you may ask us for information about temporary continuation of coverage; this is discussed on page 25. Meanwhile, the family member's coverage will continue for 31 days after the terminating event. During this 31-day period, the family member can convert to a nongroup contract offered by your insurance carrier. To do this, the family member needs to contact the carrier.

## **Changing Your FEHB Coverage**

### ***Factors to Consider When Changing Your Plan***

Because health insurance needs vary with each person, we cannot provide specific advice on which plan or option is best for you. In deciding which plan to choose, you should consider your family's medical needs, the type of health care delivery system you prefer, and the cost of each plan. You should compare the benefits offered by the plans available to you. Your eligibility for Medicare is another factor in your decision.

We prepare a Guide to Federal Benefits for Retirees and Their Survivors, RI 70-9, each year to give general information about the major features of each plan participating in the FEHB Program. Each plan has a brochure that describes its benefits in detail. You can obtain the Guide at any time by calling **1-888-767-6738**, by email to ***retire@opm.gov***, or by writing to:

U.S. Office of Personnel Management  
Retirement Operations Center  
P.O. Box 45  
Boyers, PA 16017-0045

Brochures and the Guide are on the internet at  
[www.opm.gov/insure/health](http://www.opm.gov/insure/health).

We mail each enrollee an open season announcement every year before open season. This notice tells you how to request changes and get all the information you need from the FEHB Open Season Processing Center.

Before you make a final decision about changing plans, you should carefully review the official brochures for the plan or plans that interest you. When comparing plans, remember the true cost of your health care protection includes both the premiums and your out-of-pocket costs for any of the following:

- deductibles (*the amount of covered charges you must incur before the plan pays benefits*),
- coinsurance (*a percentage of covered charges you must pay for a service or benefit*),
- co-payments (*a fixed dollar amount you must pay for a service or benefit*), and
- charges for examinations and other physician services, laboratory tests, prescription drugs, etc., not covered or only partially covered by the plan.

The FEHB Program offers a variety of health plans so you will have choices and opportunities to make your health-care dollar go further. The FEHB web site includes a tool you can use to compare up to four plans to help you decide which plan is best for you.

***Plans (called Medicare Advantage plans)  
Approved by The Centers for Medicare  
and Medicaid Services (CMS)***

CMS-approved plans are an option for anyone who is age 65 or older and enrolled in Medicare, Parts A and B. If you join one of these plans, you may suspend your FEHB enrollment and later you may reenroll in the FEHB Program. Ask your local Social Security office for the names of the plans in your area.

A Medicare Advantage plan may be less expensive and meet your needs. Medicare makes a monthly payment to the plan. Before you make any changes in your health insurance, you should carefully examine the benefits of the Medicare Advantage plans and compare them to what you now have.

For additional information, consult the *Medicare and You* handbook or call 1-800-MEDICARE.

### ***If You Want to Suspend Your Enrollment***

You may suspend your FEHB enrollment because you are changing to a Medicare Advantage plan or using TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA coverage. Note that if your spouse is not eligible for coverage under the plan you are changing to, you must keep your Self and Family enrollment in the FEHB Program to provide coverage for your spouse.

- If you are changing to a Medicare Advantage plan, we need a copy of the document that shows your enrollment date.
- If you are changing to TRICARE or TRICARE for Life, we need a copy of your Uniformed Services identification card; if you are over age 65, we also need a copy of your Medicare card showing enrollment in Parts A and B of Medicare.
- If you are changing to Peace Corps coverage, we need a copy of the document showing you have coverage.
- If you are changing to CHAMPVA, we need a copy of your CHAMPVA Authorization Card (A-Card).

Send us a copy of the document that shows your enrollment date in the new plan and ask us to suspend your FEHB enrollment.

## ***If You Want to Reactivate Suspended Coverage***

You may voluntarily reenroll in the FEHB Program during an annual open season. We will send you an open season announcement each year. If you don't want to reenroll, disregard your open season material.

If you involuntarily lose your coverage under TRICARE, TRICARE for Life, Peace Corps, CHAMPVA, Medicare Advantage plan, or Medicaid or a similar state-sponsored plan, you can reenroll in the FEHB Program effective the day after your coverage ends. Your request to reenroll must be received at the Office of Personnel Management (OPM) within the period beginning 31 days before and ending 60 days after your coverage ends. Otherwise, you must wait until open season to reenroll.

## ***Medicaid and Your Federal Employees Health Benefits (FEHB) Enrollment***

You may suspend your FEHB enrollment if you furnish proof of eligibility for coverage under the Medicaid program or a similar state-sponsored program of medical assistance for the needy. If you involuntarily lose the Medicaid or similar state-sponsored coverage, you may reenroll in any available FEHB plan at any time beginning 31 days before and ending 60 days after the loss of that coverage. The reenrollment would take effect on the date following the date of loss of Medicaid or similar state-sponsored coverage.

If you suspend your enrollment because you furnished proof of eligibility for coverage under the Medicaid program or a similar state-sponsored program of medical assistance for the needy and you wish to reenroll in an FEHB plan for reasons other than an involuntary loss of the Medicaid or similar state-sponsored coverage, you may do so during the next open season. All open season enrollments are effective on January 1 of the following year.

## ***If You Want to Cancel Your Enrollment***

You may voluntarily cancel your enrollment at any time, unless a court has ordered you to provide coverage for a child. However, if you cancel your enrollment, you and any family member under your enrollment will not be able to convert to a nongroup contract or enroll for temporary continuation of coverage. In addition, the 31-day extension of coverage does not apply to cancelled enrollments. Generally, voluntary cancellation of enrollment ***permanently bars*** reenrollment in the FEHB Program. If you ask us to cancel your enrollment, we will give you a complete explanation of the effect of a cancellation on your rights under FEHB.

If you cancel your FEHB to be covered as a family member under another person's FEHB enrollment, you are eligible to reenroll if you lose coverage under the other person's enrollment. To reenroll, you must contact us within the period beginning 31 days before and ending 60 days after your loss of other FEHB coverage.

## ***Families Where Both Spouses Are Eligible Under the FEHB Program in Their Own Right***

If you are eligible to continue FEHB enrollment in retirement and your spouse is a Federal employee eligible for FEHB enrollment, you may decide to have two Self Only enrollments or one Self and Family enrollment.

You may change to two Self Only coverages at any time during the year as explained below.

Annuitants enrolled in FEHB may cancel their enrollment at the Office of Personnel Management (OPM) in order to be covered by their spouse's Self and Family FEHB enrollment at an agency participating in premium conversion. When the agency notifies OPM the spouse of an annuitant has enrolled in FEHB Self and Family coverage, the enrollment as an annuitant will end. OPM will stop deducting premiums on the day the agency begins

deductions. (Note: This action will allow the annuitant's FEHB enrollment to resume in the future.)

When the agency notifies OPM the family enrollment of an annuitant's employed spouse has ended and the annuitant wants to reinstate his or her FEHB enrollment, OPM will reinstate the annuitant's health benefits and start deducting premiums on the day after the family enrollment ended. If the employed spouse retires from Federal service and is eligible (and elects) to continue the FEHB enrollment on his or her own annuity, OPM will transfer in that family enrollment and deduct the health benefit premiums from that annuity.

If both spouses are retired and each is eligible for enrollment as a retiree, you may decide to have two Self Only enrollments or one Self and Family enrollment. To make an enrollment change from Self and Family to two Self Only enrollments, contact the OPM Retirement Information Office at **1-888-767-6738**. Provide both annuity claim numbers. The effective date will be the first of the month after OPM receives your request. Open season or one of the events shown on page 14 allows you to change from Self Only to a Self and Family enrollment.

### ***Direct Payment of Premiums by Annuitants***

Sometimes the annuity payable is less than the amount of the FEHB premiums. If this occurs, to prevent the loss of this important benefit, we give you the choice of changing to a lower cost plan or making premium payments directly. **Once you choose direct payment of premiums, they cannot be deducted from your monthly annuity even if the annuity increases to an amount that is higher than the premiums.**

The cost of your coverage is the same as it would be if we could withhold premiums from your monthly annuity. You will pay only the enrollee share. You will receive a letter providing payment instructions

and a set of premium coupons with the verification of your enrollment change or new enrollment. Premium payments are due the first of each month.

To apply to pay premiums directly, contact us as described on page 1.

### ***How to Change Your Enrollment***

To change your enrollment, contact us. Be sure to give your retirement claim number (CSA number) or your survivor annuity claim number (CSF number). When you contact us, we need to know the change you wish to make, the event which permits the change, and the date on which that event occurred.

Before we can process a request to cancel your enrollment, we will send you a form which must be signed and returned to us, unless your *signed* request includes the following:

1. A statement that you understand you are not entitled to a 31-day extension of coverage.
2. A statement that you understand you cannot reenroll in any plan under the Federal Employees Health Benefits (FEHB) Program at a later date **unless you cancelled because you were covered under another FEHB plan.**

**Note:** If you suspend your enrollment as discussed on page 8 or you cancel your enrollment to be covered by a spouse's FEHB Self and Family coverage, you may be eligible to reenroll.

### ***Effective Dates for Enrollment Changes***

Open season changes are effective on January 1. The effective date for other enrollment changes depends on the date our office receives your request.

Generally, the effective date of the changes shown on pages 14 and 15 will be the first day of the month *after* the month in which we receive your request for a change. (For example, if we receive your request to change to Self Only coverage on May 5, the effective date for the change is June 1.)

**Exception:** A change from Self Only to Self and Family due to the birth of a child or addition of a child as a new family member is effective the first day of the month in which the child is born or becomes an eligible family member.

When you look for your premiums to change, remember that the annuity payment you receive on the first business day of the month pays your annuity and insurance premiums for the previous month. For example, if you change from Self and Family to Self Only coverage effective June 1, the lower Self Only premium will be deducted from your July 1 annuity payment.

Events Which Permit Change	From Self Only to Family
Change from Self and Family to Self Only.	N/A
Open season.*	Yes
Your family status changes (marriage, divorce, legal separation, death of a family member, birth or adoption of a child).	Yes
You are enrolled in a Health Maintenance Organization (HMO) and you move or a covered family member moves from the area it serves.*	Yes
Your plan stops participating in the Federal Employees Health Benefit Program (FEHB).*	Yes
(You may make this change only once in your lifetime.)	No
You or an eligible family member loses coverage under FEHB or another group insurance plan; for example: <ul style="list-style-type: none"> <li>● Loss of coverage under another Federally-sponsored health benefits program;</li> <li>● Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>● Loss of coverage under Medicaid or a similar state-sponsored program;</li> <li>● Loss of coverage under a non-Federal health plan.</li> </ul>	Yes
*We can make this change for you based on your telephone call.	

*These are some of the most common events which allow you to make an enrollment change. To request an enrollment change, call us at 1-888-767-6738.*

<b>From One Plan or Option to Another</b>	<b>Time Limit In Which Election to Change Must Be Filed With the Office of Personnel Management (OPM)</b>
No	At any time, unless a court has ordered you to provide coverage for a child.
Yes	As announced by OPM.
Yes	From 31 days before through 60 days after the event.
Yes	When you or a family member present OPM with notification of a change of address outside the plan's service area. The change will be effective the first day of the month that begins after OPM receives your request.
Yes	As announced by OPM at that time.
Yes	30 days before you become eligible for Medicare or any time thereafter.
Yes	From 31 days before through 60 days after loss of coverage.

## **Federal Employment and Health Benefits**

Reemployed annuitants and survivor annuitants who may receive appointments in the Federal government may wish to have their health benefits premiums withheld from their salaries rather than from their annuities so they can participate in the premium conversion provisions of the tax code.

If you are appointed to a position that conveys FEHB coverage, your employing agency must explain to you whether your position permits you to participate in premium conversion. The employing agency must notify OPM of your decision to participate in premium conversion. When the appointment ends and the annuitant or survivor annuitant is separated, the agency must again notify OPM. The required procedure is specified in Retirement and Insurance Service Benefits Administration Letter Number 01-105 dated April 26, 2001.

## **Continuation of Coverage for Survivors After Enrollee's Death**

***Widows, Widowers, and Former Spouses***  
After your death, your eligible family members will continue to be covered if 1) you were enrolled for Self and Family and 2) a family member receives a survivor annuity or is elected to receive a survivor annuity.

The survivor's share of the cost of the plan is the same amount you are paying and will be deducted from the survivor annuity payment. If there is only one survivor annuitant and no other family member is eligible for continued coverage, OPM will change the enrollment to Self Only coverage.

Some Federal Employees Retirement System (FERS) survivors may be entitled to continue their FEHB enrollment even if they will not receive a monthly survivor annuity benefit. Widow or widowers who are entitled to receive the FERS Basic Employee Death Benefit and child survivors whose FERS survivor annuity benefits are reduced by the amount of any Social Security benefit payable may continue their FEHB enrollment by paying premiums directly to us, if they are entitled to continued FEHB coverage.

If you elected a survivor annuity for your spouse but a former spouse will actually be paid the total survivor annuity, your spouse is eligible for coverage as long as your spouse pays the required premiums. OPM will set up an account so your surviving spouse can pay the premiums if your spouse requests this. If your spouse will not receive survivor annuity benefits because a former spouse is entitled to the total survivor annuity and your spouse does not ask OPM to set up an account for payment of the premiums, your spouse will be given the opportunity to enroll for coverage when your spouse is eligible for a survivor annuity. This would occur if your former spouse loses entitlement to the survivor annuity. The coverage ends if the survivor's eligibility for a survivor annuity terminates or the premium payments are not made.

## **Continuation of Coverage For Children After the Death of the Parent Who Was Covering the Child**

If you are a surviving child of a deceased enrollee and the enrollee also has a surviving spouse or child eligible to receive a CSRS or FERS survivor annuity benefit, you can be covered under the survivor annuitant's Self and Family enrollment until age 26. You can continue coverage beyond age 26 if you are incapable of self-support because of a mental or

physical disability that existed before your 26th birthday.

If you are a surviving child of a deceased enrollee and eligible for a CSRS or FERS survivor annuity benefit and the enrollee has no other survivors, the enrollment will be changed to a Self Only enrollment in your name. You will be responsible for paying the premiums either by having them withheld from your survivor annuity or through direct billing. You can continue this FEHB coverage until your survivor annuity ends at age 18, or age 22 if you are a full-time student. If you are not a full-time student, you can continue coverage beyond age 18 if you are eligible for a survivor annuity because you are incapable of self-support because of a mental or physical disability that existed before age 18.

Your coverage will continue for 31 days after eligibility ends, unless the enrollment is cancelled. During that time, you may enroll in Temporary Continuation of Coverage (TCC) or convert to an individual policy offered by your FEHB plan.

## **Widow(er) Survivor Annuitants Who Are Also Federal Employees**

If you are a widow(er) who is, or becomes, a Federal employee and you elect to enroll in a plan as an employee, immediately notify us to suspend your survivor annuitant enrollment. **(You cannot be enrolled in two plans at the same time.)**

### **Premium Conversion for Employees**

If you are a Federal employee and choose to have your Federal Employees Health Benefits (FEHB) enrollment transferred from your retirement system to your employing agency, you can have your FEHB premiums withheld from your salary before taxes. We call this “premium conversion.” Premium conversion allows you to reduce your taxable income by the amount of your contribution to your FEHB

premium and save on Federal income tax, Medicare, and Social Security — and, in most instances, state and local taxes. You must be a survivor annuitant who is also a Federal employee in a position that conveys eligibility for FEHB coverage in order to participate in premium conversion. For additional information on premium conversion, visit the Office of Personnel Management's web site at [www.opm.gov/insure/health](http://www.opm.gov/insure/health) and click on the links for Frequently Asked Questions (FAQ) and Premium Conversion.

### ***Reinstatement When Employment Ends***

If your enrollment as a Federal employee stops for any reason, your FEHB coverage may be reinstated as a survivor annuitant enrollment if you are still receiving a survivor annuity. If you are still receiving a survivor annuity, your enrollment may have been suspended or transferred out to your employing agency.

If your enrollment was transferred from OPM to your employing agency, the agency must transfer your enrollment back to OPM. See page 16 for additional information.

## **What Events Terminate Health Benefits Coverage**

### ***If You Are a Retiree***

If your annuity terminates (for example, when a disability retiree recovers or is restored to earning capacity), your enrollment will end on the last day of the month for which you are entitled to an annuity. However, coverage will be extended for 31 days without cost to you.

If you are a disability retiree whose annuity terminated as described above, you will retain your health benefits coverage if you are entitled to apply for an immediate annuity, *i.e.*, one that begins when your disability annuity stops. You will receive

complete information concerning your right to do so if your disability annuity terminates.

If you are under age 60 and your disability annuity is reinstated (after December 31, 1983) due to loss of earning capacity or a recurrence of the disability for which you retired, you will be given an opportunity to have FEHB coverage reinstated if you were enrolled at the time your disability annuity previously terminated.

If you are entitled to a deferred annuity after your disability annuity terminates, you cannot keep your FEHB coverage as a retiree.

### ***If You Are a Reemployed Annuitant***

If you are reemployed in the Federal service in a position that conveys eligibility for the FEHB Program and your annuity continues, your FEHB enrollment will be transferred to your agency to allow you to take advantage of premium conversion (a pre-tax deduction of FEHB premiums). If you want to continue to pay for your FEHB with deductions from your annuity, you will have to waive participation in premium conversion. Your employing agency must notify us of your decision.

If you are reemployed in the Federal service and your annuity terminates, your health benefits enrollment will be transferred to your employing agency. Generally, the annuity terminates upon reemployment if the annuitant is appointed to a position under either the Civil Service Retirement System or the Federal Employees' Retirement System **and** if the retirement was involuntary or because of a disability.

If you are reemployed, you need to notify us immediately. Be sure to refer to your retirement claim number (CSA number) and provide us with a copy of the personnel document showing your appointment, if possible, or the full name and address of your employing agency.

## **If You Are a Widow or Widower Survivor Annuitant**

If you remarry after age 55, your survivor annuity and FEHB enrollment will continue.

If you remarry, your new spouse and his or her children **cannot** receive FEHB coverage under your survivor annuitant enrollment. (However, if you are a widow(er) survivor annuitant who is also receiving an annuity based on your own Federal career, you may be eligible to transfer your enrollment to your retirement annuity in order to provide coverage for your new spouse and his or her children.)

If you remarry before age 55, your survivor annuity and FEHB enrollment will end on the last day of the month preceding the month in which you remarry (subject to the extension of coverage discussed on page 23). However, if you are a widow or widower who was married for 30 years or more to the deceased employee or annuitant, your survivor annuity and your FEHB enrollment will continue. If you are enrolled in Self and Family coverage when your annuity ends, the enrollment will continue for any eligible children as long as one of them is entitled to receive a survivor annuity (but you will not be covered). If you remarry before age 55, you must notify us immediately. Be sure to provide us with a copy of your marriage certificate and refer to your survivor annuity claim number (CSF number).

If you are a widow or widower not receiving survivor annuity payments because a former spouse is receiving the entire benefit and you have elected FEHB coverage and are paying the premiums, your coverage terminates if you do not pay the premiums by the payment due date. However, if the former spouse's survivor annuity terminates and you are payable a survivor annuity, you will again be able to enroll for health benefits coverage.

If you are a widow or widower whose annuity and FEHB coverage ended because you remarried before age 55, see page 22 for information on how your coverage and annuity can be reinstated if the marriage ends.

## **If You Are a Former Spouse Survivor Annuitant**

If you are receiving FEHB coverage as a *former spouse*, your coverage will terminate if:

1. You lose entitlement to survivor annuity benefits under the terms of the court order which provided your benefits; or
2. you do not pay the full cost of the enrollment by the payment due date (if premiums are not being withheld from your survivor annuity).

If you are a former spouse whose annuity and health benefits coverage ended because you remarried before age 55, your survivor annuity and health benefits coverage *cannot* be reinstated if your marriage ends.

## **If You Are a Child Survivor Annuitant**

If you have FEHB coverage because you are a child covered under a family enrollment, your coverage ends when you reach age 26. Refer to “If FEHB Coverage Ends” on page 23 for more information.

If you are receiving a monthly annuity and you lose coverage because the survivor who was paying for the coverage cancels or changes the family enrollment to Self Only, we will offer you the opportunity to continue your coverage.

## **Widow(er)’s Reenrollment in FEHB If Remarriage Ends**

If you remarry before age 55, your FEHB coverage ends at the end of the month before the one in which you remarry. (**This does not apply if you were married to the deceased for 30 years or more as discussed on page 4.**) If your remarriage ends due to death, divorce, or annulment, your survivor annuity will be reinstated after we receive proof your remarriage ended. If you had FEHB coverage on the date your annuity terminated due to remarriage, you

can reenroll in an FEHB plan when your survivor annuity is reinstated. If your remarriage ends, you need to notify us immediately. You must send us proof your remarriage ended. You should also be sure to refer to your survivor annuity claim number (CSF number) and the full name of the deceased employee or annuitant on whom your benefits are based.

## If FEHB Coverage Ends

### ***31-Day Extension of Coverage***

In order to give you the opportunity to convert to a nongroup health benefits contract, your coverage will continue for 31 days after your enrollment ends for any reason except voluntary cancellation. If you are confined to a hospital on the 31st day of your extension, your benefits will continue while you are confined, up to a maximum of 60 additional days. These extensions are without cost to you. They also apply to any family member who loses coverage under your enrollment for any reason except when you voluntarily cancel your enrollment.

### ***Conversion to a Nongroup Contract***

If you are:

- a retiree,
- a widow or widower survivor annuitant,
- a child of a deceased Federal employee or retiree who has coverage under the Federal Employees Health Benefits Program in your own name, or
- a former spouse survivor annuitant,

and your enrollment ends for any reason other than by voluntary cancellation, you are entitled to convert to a nongroup health benefits contract issued by the carrier of the plan in which you were enrolled.

Nongroup conversion policies are issued without evidence of insurability. You must pay the entire premium for a nongroup contract.

Normally, within 60 days of the date your enrollment ends, we will send you a notice of termination and your right to convert. (**Note: We do not notify family members who lose eligibility for coverage under a Self and Family enrollment.**) If you are interested in conversion, you must apply to the nearest office of your plan for information about the nongroup contract within 31 days after the date of the termination notice.

If you do not receive the notice of termination within 60 days of the date your enrollment ends or you are unable for reasons beyond your control to make a timely request for conversion, you may make a belated request by writing directly to your carrier within 6 months after your enrollment ended. You must provide proof that your entitlement to coverage ended. (For example, you should submit a copy of your marriage certificate if you are a widow(er) or former spouse who lost coverage because of remarriage before age 55.) You must also show (1) that you were not notified of the termination of your enrollment and your right to convert and were not otherwise aware of it or (2) that you were unable to convert for reasons beyond your control.

If you make a belated request for conversion as described in the preceding paragraph, the health benefits carrier will determine if you are eligible to convert to a nongroup contract. If you are eligible to convert, you must do so within 31 days after receiving the carrier's notice of your right to convert.

If the carrier determines that you are not eligible to convert, you may ask us to review that decision by writing:

U.S. Office of Personnel Management  
Healthcare and Insurance  
P.O. Box 436  
Washington, DC 20044-0436.

***If a member of your family*** loses eligibility for coverage under your Self and Family enrollment (for example, when a child reaches age 26 or you are divorced from your spouse), that family member is entitled to convert to a nongroup contract with the plan during the 31-day extension of coverage period

described on page 23. ***OPM will not notify you or your family member when a family member loses eligibility.***

When this occurs, and if the affected family member wants to convert, he or she should apply, within 31 days after eligibility for coverage ends, to the nearest office of the plan in which you are enrolled for information about a nongroup contract. However, if a family member loses coverage because you cancel your enrollment, he or she cannot convert to a nongroup contract.

The effective date of the conversion contract is the day after the 31-day extension of coverage period expires. The person buying the nongroup contract must pay the premiums due for any retroactive period under the conversion contract.

**Note:** Many plans do not provide the same benefits under the converted nongroup contract that they provide under the FEHB group plan, and the premium rates for converted nongroup contracts are generally higher because there is no Government contribution toward the cost of the enrollment. This may be an important consideration if you are thinking of changing plans and have a family member who will lose coverage at some time in the near future. If you need to know the benefits and cost of the converted nongroup contract, get in touch with the plan.

### ***Temporary Continuation of Federal Employees Health Benefits (FEHB) Coverage***

Under certain circumstances, a) children who lose FEHB coverage as family members and b) former spouses who lose coverage because of divorce or annulment and who are not eligible to enroll under the Spouse Equity law may qualify for temporary continuation of coverage for up to 36 months after the qualifying event occurs. The cost of temporary coverage is the full health benefits premium (both the enrollee and Government shares) plus an additional administrative charge of 2 percent of the total premium.

If temporary continuation of coverage is desired for your child or former spouse, ***we must be notified when the child or former spouse becomes eligible.*** ***For a child, you*** must contact us within 60 days after the qualifying event, e.g., child reaches age 26. ***For a former spouse, you or the former spouse*** must contact us within 60 days after the former spouse loses coverage because of divorce, annulment, or remarriage before reaching age 55. The correspondence must include the name and address of the child or former spouse, as well as your name and claim number. For more detailed information, see RI 79-27, *Temporary Continuation of Coverage Under the Federal Employees Health Benefits Program.*

## **How Medicare Affects Your Health Benefits Coverage**

Because many people covered by the Federal Employees Health Benefits (FEHB) plans also have Medicare coverage (or other group health insurance or no-fault automobile protection), all FEHB plans have a coordination of benefits or double coverage provision. The purpose of this provision is to enable enrollees and covered family members to recover as much of their health care expenses as their total coverage permits, but not more than the actual charges for the care. Under the coordination of benefits (COB), or double coverage provision, one plan normally pays its benefits in full as the ***primary payer*** and the other plan pays a reduced benefit as the ***secondary payer***.

Generally, Medicare is the primary payer of your health benefits expenses if you have Medicare and you:

- are age 65 or over and
- are not employed in the Federal service.

Contact your local Social Security Administration office for assistance if you have any questions concerning whether your FEHB plan or Medicare is the primary payer of your or a covered family member's health benefits expenses.

All FEHB plans will adjust any benefits payable so that they supplement rather than duplicate Medicare benefits. If Medicare is the primary payer, it will generally pay its allowable benefits in full, and your FEHB plan will pay a reduced benefit as the secondary payer.

The combined amount paid by both will usually equal 100 percent of covered or allowable expenses. Although 100 percent of covered or allowable expenses may be paid, there may be remaining medical expenses incurred which are not covered by either Medicare or your health benefits plan.

*You are responsible for paying any noncovered expenses. You should consult your Medicare handbook (available by calling 1-800-Medicare) and your health benefits plan brochure for information about covered and noncovered expenses.*

If Medicare is the primary payer of claims for health expenses, you must first submit your claim to Medicare for payment consideration. This is because your insurance carrier cannot process a claim until after Medicare has paid any expenses they cover. Most FEHB carriers have arranged with Medicare to transfer your claim to them after Medicare has paid its share. If your carrier does not have such an arrangement, you must always submit the Explanation of Benefits you receive from Medicare to your carrier along with your claim.

If you (and your spouse) have both parts of Medicare (Part A-Hospital Insurance and Part B-Medical Insurance) and you are enrolled in an FEHB Fee-For-Service plan, you may have almost complete coverage for all medical expenses.

If you are enrolled in an FEHB HMO, you may not receive added value by enrolling in Medicare Part B. However, you may consider enrolling in Part B because it:

- pays for costs involved with seeing outside doctors;
- pays for costs for non-emergency care in the U.S. if travel is involved; and
- is required for Medicare Advantage and TRICARE for Life.

**Note:** The monthly premium for your health benefits enrollment is not reduced if you (or your spouse) have Medicare coverage. However, beginning on the 30th day before you become eligible for Medicare, you have a one-time only opportunity to change your enrollment to any option of any plan (for which you are eligible). You may also change during any FEHB open season.

### ***Medicare Premiums***

OPM can withhold monthly premiums for Medical Insurance (Part B of Medicare) from your annuity under certain conditions. You should contact your local Social Security office (not the U.S. Office of Personnel Management) if you want Medicare premiums withheld from your annuity. Social Security will need your retirement claim number (CSA number) or survivor annuity number (CSF number). If you are eligible, your local Social Security office will notify the Social Security Administration headquarters in Baltimore, Maryland, which will notify us to begin withholding premiums from your annuity. We can take no action to withhold these premiums (or to cancel Medicare premiums being withheld from your annuity) unless we are notified to do so by the Social Security Administration's headquarters in Baltimore. You should always contact your local Social Security office if you have any questions concerning this matter.

## **How to File Claims for Medical Expenses**

Refer to your FEHB plan brochure for instructions on completing and submitting claims to your insurance carrier for payment consideration. Do **not** send your claim form to us. Contact your FEHB carrier to ask for claim forms.

This information is also available in the section that discusses Disputed Claims in your FEHB plan brochure, which is available at [www.opm.gov/insure/health](http://www.opm.gov/insure/health).

### **If Your Claim for Medical Expenses Is Denied**

If your carrier denies a claim for payment or for service, it will reconsider its denial on receipt of a written request within 6 months after the date of the denial. This time limit may be extended if you show you were prevented by circumstances beyond your control from making your request within the time limit. In your written request state why you believe your carrier should pay the claim or provide the service. Your reasons must be based on the specific provisions in your plan's brochure.

Within 30 days after receipt of your request for reconsideration, the carrier must:

- affirm the denial in writing to you,
- pay the claim,
- provide the service, or
- request additional information reasonably necessary to make a determination.

If this information is not supplied within 60 days, the carrier will base its decision on the information it has on hand.

If the carrier affirms its denial, you have a right to an OPM review to determine whether the carrier has acted in accordance with its contract. You must request this review within 90 days after the date of the carrier's letter affirming its decision to deny your claim. **OPM will not review your claim unless you demonstrate that you gave the carrier the opportunity to reconsider its initial denial.**

Before seeking an OPM review of a claim, these are some things you should keep in mind:

- Submit bills from providers for payment to the carrier along with the appropriate claim form; do not send bills to the address below or any other office within our agency except in connection with a disputed claim.
- Providers may use this procedure only on behalf of and with the specific written consent of the member and are required to demonstrate that the member has assigned all of his or her rights to the provider with regard to that particular claim.
- You should first check with your provider or facility to be sure the carrier was billed correctly; for instance, that the correct procedure code(s) was used, complications were correctly indicated on the billing or operative reports, *etc.*
- Along with your request for review, you must send:
  - a copy of your letter to the carrier requesting reconsideration;
  - a copy of the carrier's reconsideration decision;
  - copies of documents that support your claim (such as operation reports, bills, medical records, explanation of benefit forms);
  - your daytime telephone number.

You may ask us for a review if the carrier fails to respond within 30 days after your written request for reconsideration or 30 days after you have supplied additional information. In this case, we must receive a request for review within 120 days after your request to the carrier for reconsideration or the date you were notified that the carrier needed additional information. In your request for review show (a) the date of your request to the carrier, or (b) the dates the

carrier requested and you provided additional information.

To request our review write to the OPM address shown in your plan's brochure.

You (or a person acting on your behalf) may not bring a lawsuit to recover benefits on a claim for treatment, services, supplies, or drugs covered by your plan until you have exhausted our procedure established at section 890.105, title 5, Code of Federal Regulations.

If you decide to seek judicial review of the denial of a claim, you must file suit no later than December 31 of the third year after the year in which the care or service was provided. Federal law governs claims for relief that relate to benefits under the plan. Damages recoverable under Federal law are limited to the amount of benefits in dispute. Such legal actions must be brought against OPM. These actions are limited to the record that was before us and that was the basis of our decision to disallow the benefit, thus affirming the carrier's decision.

**Privacy Act Statement.** If you request an OPM review of a denial of a claim for payment or service, we or our contractors are authorized by Chapter 89 of title 5, United States Code, to use the information collected from you and the carrier to determine if the carrier has acted properly in denying you the payment or service, and the information so collected may be disclosed to you and/or the carrier in support of OPM's decision on the disputed claim.

## **How to Obtain an FEHB Identification Card**

If you have lost your FEHB identification card, you must contact your insurance carrier for a replacement. If you change your enrollment or change plans, we will send you a notice confirming the change, and your carrier will send you a new

identification card. This generally takes 30 days from the date we notify you that we have processed your change.

If you should need health services before you receive your new ID card, you may show the notice from us to the doctor or hospital to verify your new enrollment. Be sure to refer to your Social Security Number and date of birth when contacting your carrier. If you are a survivor annuitant, you should also refer to the full name of the deceased employee or annuitant on whose service your benefits are based and give his or her Social Security Number and date of birth.

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## **Special Information for Compensationers**

If your annuity has been suspended because you are eligible for and are receiving compensation benefits from the Office of Workers' Compensation Programs, U. S. Department of Labor, you must contact your compensation office if you want to change or cancel your FEHB enrollment. That office maintains your FEHB enrollment. If your compensation terminates and you are eligible to have your annuity reinstated, we will be responsible for your health benefits enrollment and will withhold premiums from your reinstated annuity.

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## **Related Information and Publications**

We hope this pamphlet has helped you. If you have other questions about retirement and survivor benefits, you may call us at **1-888-767-6738**, email [retire@opm.gov](mailto:retire@opm.gov), or write us at the following address:

U.S. Office of Personnel Management  
Retirement Operations Center  
P.O. Box 45  
Boyers, PA 16017-0045.

If you do write, please be sure to provide your civil service retirement CSA or CSF claim number and date of birth to allow us to identify your records promptly. If you wish to request one or more of the booklets, listed below, they are available from our automated system at any time seven days a week. You may send an email request or write to the above address. For more information go to our website at [www.opm.gov/retire](http://www.opm.gov/retire). You will find FEHB Guides and brochures and Frequently Asked Questions at [www.opm.gov/insure/health](http://www.opm.gov/insure/health).

Title	Publication Number
Information for Annuitants (CSRS)	RI 20-59
Information for Survivor Annuitants (CSRS)	RI 25-26
Information for Disability Annuitants (CSRS)	RI 30-13
Information for Retirees About the Federal Employees' Group Life Insurance Program	RI 76-12
Temporary Continuation of Coverage Under the Federal Employees Health Benefits Program	RI 79-27
Information for Federal Employees Retirement System (FERS) Annuitants	RI 90-8
Information for FERS Survivor Annuitants	RI 90-12
Information for FERS Disability Annuitants	RI 98-2

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## **Notes**

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## **Notes**



**United States Office  
of  
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1900 E Street, NW  
Washington, DC 20415

[www.opm.gov/retire](http://www.opm.gov/retire)